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## \*BIBDATASHEET\*

CONFIRMATION NO. 1229

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/473,619	<b>FILING OR 371(c) DATE</b> 12/29/1999 <b>RULE</b>	<b>CLASS</b> 530	<b>GROUP ART UNIT</b> 1643	<b>ATTORNEY DOCKET NO.</b> 02655/062002
<b>APPLICANTS</b> ROBERT SIMAN, WILMINGTON, DE; DONNA BOZYCZKO-COYNE, LANDENBERG, PA; SHERYL L. MEYER, COLLEGEVILLE, PA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 08/967,625 11/12/1997 PAT 6,048,703 and claims benefit of 60/030,961 11/15/1996				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/08/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> DE	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 43
<b>INDEPENDENT CLAIMS</b> 11				
<b>ADDRESS</b> 46347				
<b>TITLE</b> METHODS FOR DETECTING CELL APOPTOSIS				
<b>FILING FEE RECEIVED</b> 1273	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	